

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLSTON MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3641 MEMORIAL BLVD</b> <b>KINGSPORT, TN 37664</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation documentation, review of facility policy, observation, and interview, the facility failed to supervise consumption of medications for one resident (#6) of ten sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed the resident was re-admitted to the facility on August 10, 2010, with diagnoses including Diabetes Mellitus, Neurogenic Bladder, and Quadriplegia. Medical record review of a history and physical dated July 13, 2010, revealed, "...chronic pain syndrome..." Medical record review of the Minimum Data Set dated October 26, 2010, revealed the resident made decisions independently, and frequently had mood and/or sleep complaints. Continued review revealed the resident was non-ambulatory, required extensive assistance with eating/drinking, and almost constantly complained of pain in the previous five days. Medical record review of a nurse's note dated December 16, 2010, revealed, "noncompliant with instructions to relieve pressure...req (requests) multiple doses @ (at) one time. cont (continues) to complain</p>	F 323	<p>The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This Plan of Correction is filed as evidence of the facility to comply with the requirement of participation and continue to provide high quality resident care.</p> <ol style="list-style-type: none"> <li>1. Nurse Practitioner notified on 1/29/11, order received to crush medications to ensure resident is not "pocketing" medication.</li> <li>2. All residents have the potential to be affected by the same deficient practice.</li> <li>3. Licensed Nurse will be inserviced on the Medication Administration Policy specifically "staying with the resident until you are sure all medications are swallowed". DON/ADON will conduct the inservice. Inservice scheduled for March 18, 2011.</li> </ol>		3/18/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Mark de Fluiter*

*Administrator*

*3/17/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  HOLSTON MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3641 MEMORIAL BLVD KINGSPORT, TN 37664		
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F 323	<p>Continued From page 1</p> <p>after med (medication) given - check on res (resident) sleeping soundly."</p> <p>Medical record review of a nurse's note dated January 29, 2011, at 11:00 p.m., revealed, "CNAs (certified nursing assistants)...brought a paper med cup with 3 oval shaped blue pills and one round dark blue pill with #15 on it. They said Res (resident) said he dropped (resident's) phone would they look for it. One CNA found a paper med cup upside down on the floor with the pills on the floor..."</p> <p>Medical record review of a physician order dated January 15, 2011, revealed, "Increase MS Contin (narcotic pain medication) 15 mg (milligrams) po to q 8 h (by mouth every eight)." Medical record review of a physician's order dated January 30, 2011, revealed, "...decrease Xanax 1 mg po to q 6 h anx (every six hours anxiety)..."</p> <p>Review of facility investigation documentation provided by the facility and dated January 31, 2011, revealed, "...medication verified as 3 Xanax 1 mg pills and 1 MS Contin 15 mg. All the pills had been exposed to moisture..."</p> <p>Review of the facility's policy regarding medication administration revealed, "...Stay with resident until you are sure all medications and fluids were swallowed..."</p> <p>Observation on February 23, 2011, at 1:35 p.m., revealed the resident watched television and worked on a computer, and the resident stated, "...I look at my medicine before I take them. I complain about nurse not giving me medications..."</p>	F 323	<p>4. RN Supervisors and/or Admission Nurse will randomly perform Medication Pass Evaluations. (Medication Pass Schedule: 6 med passes per week x 2 weeks, 3 med passes per week x 2 weeks for a total of 4 weeks). Quality Assurance Committee will review results during regularly scheduled meetings to evaluate findings and amend plan as necessary. Completion Date: April 08, 2011.</p>		

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F 323	Continued From page 2 Interview with the assistant director of nursing on February 23, 2011, at approximately 4:00 p.m., in the conference room, confirmed the facility had failed to supervise the resident's consumption of all medications prior to January 29, 2010.	F 323			

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